ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1 Rev. 4/96

Insurer Name: GEICO General Insurance Company	Contact Person: Maria Papagiika
NAIC Number: <u>35882</u>	Signature:
Name of Advisory Organization Whose Filing You Are Referencing N/A	Telephone No: <u>301-986-3792</u>
Co. Affiliation to Advisory Organization: MemberSubscriberService Purchaser	
Reference Filing #: N/A Proposed Effective Date: 6/15/06	

			FOR LOSS COSTS ONLY				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Indicated	Requested		Loss Cost	Selected	Expense	Co. Current
LINE OF INSURANCE	% Rate	% Rate	Expected	Modification	Loss Cost	Constant	Loss Cost
By Coverage	Level Change	Level Change	Loss Ratio	Factor	Multiplier	(If Applicable)	Multiplier
Bodily Injury	10.4%						
Property Damage	6.9%						
Uninsured/Underinsured Motorists	13.7%	3.2%					
Medical Payments/Medical Benefits	-6.4%	0.8%					
Uninsured Motorists Property Damage	-12.3%	-1.7%					
Collision	-15.9%	-16.8%					
Comprehensive	-40.9%	-21.9%					
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	_						
	_						
	_						
	-						
	1						
TOTAL OVERALL EFFECT	-6.1%	-4.6%					

N Apply Lost Cost Factors to Future Filings? (Y or N)

Rate Change Hist

Policy Cnt %

4.6

-0.4

0.0

6,060

6,187

7,120

7,804

8,693

Year

2001

2002

2003

2004

2005

Eff. Date

5/7/2001

10/7/2002

12/15/2003

Corresponds to Question 3 on RF-2 or RF-WC

SEE EXHIBIT 5.1 FOR THE BELOW

F. TOTAL

Selected Provisions

5 Year History

6,068

56.60%

10,723

AR Earned	Incurred	Arkansas	Countrywide	A. Total Production Expense
Premium (000)	Losses (000)	Loss Ratio	Loss Ratio	B. General Expense
7,482	5,783	77.30%	72.90%	C. Taxes, License & Fees
7,548	5,571	73.80%	71.60%	D. Underwriting Profit &
8,511	6,074	71.40%	70.10%	Contingencies
9,740	6,343	65.10%	63.80%	E. Other (explain)

61.50%

^{29.5%} Estimated Maximum Rate Increase for any Arkansas Insured (%)

^{-40.1%} Estimated Maximum Rate Decrease for any Arkansas Insured (%)